MEDICINE CODE

SECTION 2
PRESCRIBING OF MEDICINES

Reference Number	Version	Status	Executive Lead(s) Name and Job Title	Author(s) Name and Job Title
89 (section 2)	6.1	Draft	David Throssell Medical Director	Nicky Thomas Pharmacy Healthcare Governance Manager

Approval Body	TEG	**Date Approved**	
Ratified by	Board of Directors	**Date Ratified**	
Date Issued		**Review Date**	01/07/2016
Contact for Review Name and Job Title	Nicky Thomas Pharmacy Healthcare Governance Manager		

Associated Documentation:

Trust Controlled Documents

53 Incident Management Policy
54 Mandatory and Job Specific Training Policy
166 Policy for the use of Unlicensed and Off-licence Medicines

Legal framework

Medicine Act 1968 and Medicine Act Orders.
Human Medicines Regulations 2012
Misuse of Drugs Act 1971
Misuse of Drugs Regulations 1985, 2001, 2005, 2006
National Health Service Act 1977
Environmental Protection Act 1990
Hazardous Waste Regulations 2005
Poisons Act 1972
Consumer Protection Act 1987
Control of Substances Hazardous to Health (COSHH) Regulations 1989
Medicinal Products: Prescription by Nurses Act 1992 + Amendments
Health Act 1999 (section 18)
Medicines for Human Use (Clinical Trials) Regulations 2004

External Documentation

Standards for Medicines Management NMC 2007
Standards of Conduct, Performance and Ethics for Nurses and Midwives 2008
Midwives Rules and Standards 2009
Medicines, Ethics and Practice (A Guide for Pharmacists) RPSGB (Royal Pharmaceutical Society of Great Britain) Edition 36, July 2012
Duthie Report – Guidelines for the safe and secure handling of medicines 1988, 2005
Crown Reports 1989, 1998, 1999
Guidelines issued by GMC (General Medical Council) and BMA (British Medical Association)
Aitken Report 1958 – Control of Dangerous Drugs and Poisons in Hospitals
Building a Safer NHS for Patients: Improving Medication Safety *Dr Jim Smith* 2004 DOH
Shipman Report and Associated Responses
Safer Management of Controlled Drugs – A Guide to Good Practice in Secondary Care (England) October 2007
Standards for Clinical Verification of Prescriptions for Cancer Medicines (BOPA)

Version history

Version	Date Issued	Brief Summary of amendments	Owner's Name:
3	20/07/07	Clarification of those authorised to prescribe. Details of the Trust wide outpatient prescription.	Nicky Thomas
4	01/06/09	Clarification of medicine reconciliation. NPSA requirements prescribing CDs and oral cancer drugs. Clarification of cross reference to supplementary charts.	Nicky Thomas
5	07/06/2011	Consideration of cultural and religious beliefs.	Nicky Thomas
5.1	03/01/2012	Updated as a result of the switch from enoxaparin to dalteparin	Nicky Thomas
6	19/07/2013	Updated from Community Services. Clinical checking. Substance misusers. Homely remedies. ICE electronic discharge prescriptions.	Nicky Thomas
6.1		Withdrawal of arrangements for verbal orders. Inclusion of podiatrist and physiotherapist independent prescribers.	Nicky Thomas

		First dose antibiotics for sepsis must be prescribed as STAT doses. Inclusion of guidelines for use of drug card, previously in separate document. Unlicensed medicines section amended to be in line with updated policy. Removal of arrangements for self-prescribing.	

Document Imprint

Executive Summary

MEDICINE CODE – SECTION 2

Document Objectives:	To describe clarify and standardise considerations before prescribing, prescribing standards and to describe the different prescription documents in use across the Trust.
Group/Persons Consulted:	Previous versions: Clinical Directors, Nurse Directors, Lead Nurses, Clinical Risk Management Group, Matrons, Clinical Management Board, Nurse Directors, Medicine Safety Committee, Medicine Management and Therapeutics Committee. This version: Nurse Directors and Medicine Safety Committee.
Monitoring Arrangements and Indicators:	Key indicators will be monitored by the Clinical Assessment Tool and responses checked by the Medicine Safety Manager. Medicine Safety Committee will receive high level reports from the Clinical Assessment Tool and quarterly reports of medication incidents reported via Datix.
Training Implications:	All training related to medicine use has been classified as Job Specific Training therefore staff within the organisation will require this training dependant upon their role. The training is specified in the Central Training Needs Analysis
Equality Impact Assessment:	An Equality Impact Assessment has been completed – no negative impacts identified. A copy of the EIA is posted on the Trust's internet site
Resource implications:	All resources for training and monitoring are already in place.
Intended Recipients:	All Healthcare Staff within STH NHS Foundation Trust involved in the use of medicines, this includes prescribing, administration, dispensing, handling and disposal.
Who should:-	
➢ be **aware** of the document and where to access it	Staff receive basic awareness of this policy through central induction
➢ **understand** the document	Consultants, ward/department managers and clinical supervisors
➢ have a **good working knowledge** of the document	STHFT staff involved in the prescribing of medicines.

2 Prescribing of Medicines

Medicines should be prescribed only when they are clinically appropriate, and in all cases the benefit of administering the medicine should be considered in relation to the risk involved. It is important to discuss treatment options carefully with the patient to ensure that the patient is content to take the medicine as prescribed. In particular, the patient should be helped to distinguish the adverse effects of prescribed drugs from the effects of the medical disorder. For more information see BNF guidance on prescribing.

2.1 Authority to Prescribe

Currently, registered dentists and doctors (as defined in the glossary) can legally prescribe medicines within the Trust.

Registered nurse independent prescribers and registered pharmacist independent prescribers may prescribe any licensed or unlicensed medicine (legislation 21/12/09), providing there are no local restrictions, including a range of controlled drugs. Registered nurse independent prescribers and registered pharmacist independent prescribers may prescribe controlled drugs in Schedules 2 to 5 but **not** diamorphine, dipipanone or cocaine for addiction but may prescribe them for treating organic disease. (SI 2012/973 23/04/2012).

Registered podiatrists independent prescribers, and physiotherapists independent prescribers may prescribe within the scope of their professional practice, with the exception of controlled drugs and unlicensed medicines (20/08/2013).

Supplementary prescribers (nurses, pharmacists, physiotherapists, chiropodists/podiatrists, radiographers and optometrists) can prescribe any medicines provided an agreed Clinical Management Plan (CMP) with an independent prescriber (consultant) has been documented in the patient's notes. For further information see Non-medical Prescribing Policy.

Community practitioner nurse prescribers may prescribe from the Nurse Prescribers' Formulary.

Dietitians can prescribe dietetic products for STHFT inpatients.

Other professionals may have the authority to supply and/or administer medicines without a prescription (e.g. midwives with Medicine Act exemptions, those acting under the provisions of a Patient Group Direction).

Medical students are not permitted to prescribe. Any prescriptions written by medical students MUST be checked in their entirety by the supervising qualified doctor who MUST sign the prescription and retains all responsibility for it.

2.2 Medicine Reconciliation

The aim of medicines reconciliation on admission to hospital is to ensure that medicines prescribed on admission correspond to those that the patient was taking before admission.

It is essential that within 24 hours of admission to hospital or Intermediate Care beds, an accurate record is made in the patient's notes of all current and previous medicines taken, to ensure optimal care whether as an inpatient or an outpatient.

2.2.1 Responsibility

It is the responsibility of the doctor admitting the patient or attending the patient in the outpatient clinic to undertake medicines reconciliation.

In acute services, where resources permit, the clinical pharmacist/medicines management technician will be involved in medicines reconciliation on admission or at the earliest convenient time. This should be fully documented on a medicines reconciliation chart which is filed in the notes, or documented on the electronic system in Critical Care.

The pharmacist must contact the prescriber for items which need urgent review and document in the patient's notes. Other discrepancies should be highlighted with an entry in the patient's notes. It is the doctor's responsibility to check the medicines reconciliation chart and act on all discrepancies. Refer to the STHFT Clinical Pharmacy Standards and Guidelines and Medicine Reconciliation standard operating procedure for details.

In inpatient areas where patient's own drugs (PODs) are assessed by nurses and pharmacy staff, all discrepancies between drug prescription, drug history and the PODs must be clarified with a doctor or pharmacist before a dose is administered. See section 4.1.5 and STHFT Dispensing for Discharge Policy for further information.

2.2.2 Guidelines

Patient confidentiality must be respected at all times.

Medicines reconciliation involves:-

- Collecting information on medication history (prior to admission) using the most recent and accurate sources of information to create a full and current list of medicines
- A medication history should be obtained from at least 2 sources (if possible)
- Checking and verifying this list against the current prescription chart in the hospital, ensuring any discrepancies are accounted for and actioned appropriately
- Communicating through appropriate documentation, any changes omissions and discrepancies
- Recording details including the name of the medicine(s), dosage, frequency and route of administration

It is important that any non-prescribed medicines are documented when taking a drug history. A full drug history must include the following categories: -

- All prescribed medicines
- All over-the-counter medicines
- All hormonal and contraceptive medicines
- All homely remedies, herbal and vitamin preparations
- All clinical trial medicines
- Smoking cessation products

- Any medicines recently stopped

For each category, administration by any route must be considered including

- Topical
- Inhalation/nebuliser
- Eye preparations
- Depot Injections

Any discrepancy/problem must be queried before prescribing.

When registered substance misusers are admitted, the prescriber **must** ensure that contact is made with the patient's usual prescriber and supplying pharmacist before prescribing. Further information about management of substance misuse in pregnant patients will be available on the Trust Intranet later in the year.

The following are useful sources of information: -

- Patient
- GP surgery
- GP letter
- Copy of current prescription
- Patient Medication Chart
- Patient's own drugs
- Patient's carer
- Medication Administration Record Sheets (MAR)
- Nursing home or referral letter
- Community pharmacy
- Old hospital notes
- Steroid card/warfarin card/methotrexate booklet/lithium book/insulin passport
- Summary Care Record
- The patient's "Your care record"
- Community Services

Where information is obtained from different sources, it is important to record the specific source in the notes.

The suitability of any current medication must be considered before continuing a prescription.

Any discrepancies between the medicines that the patient was taking prior to admission and those currently prescribed should be highlighted to the medical staff by ticking the 'Doctor to Review' box on the medicines reconciliation chart and by an entry in the patient's record referring the doctor to the medicines reconciliation chart.

2.3 Allergies/Sensitivities

For inpatients, it is the responsibility of the doctor or non-medical prescriber admitting the patient, or attending the patient in the outpatient clinic, to check and record allergies, sensitivities and adverse drug reactions. In Community Health Services it is the

responsibility of all health care practitioners to check patient's allergy status and document this in the patient's notes.

Where resources permit, the clinical pharmacist/medicines management technician should check the patient's allergy/sensitivity history at the earliest convenient time.

All medicine allergies/sensitivities, whether of minor or major significance, must be noted in the patient's notes and on the relevant prescribing document. This includes reactions to devices (e.g. chlorhexidine impregnated catheters [MHRA alert MDA/2012/075]).

All relevant metal and food allergies (e.g. eggs, nuts) must be noted in the patient's notes and on the relevant prescribing document.

A brief description of the reaction (e.g. upset stomach, rash) as well as the medicine name should be documented to enable informed decision making to occur.

Any allergy/sensitivity to latex must be noted in the patient's notes and on the prescription and administration chart and the Trust's Latex Policy and Procedures followed.

The Latex Clinical Nurse Specialist should be contacted for all latex enquiries.

Patients who give a history suggesting latex allergy must be treated as being latex-allergic no matter what the result of any screening.

Any potential allergic reactions must be considered when prescribing medicines.

Any noted allergies/sensitivities must be transposed when the inpatient prescription and administration chart or MAR chart is rewritten.

For inpatients where there is no known sensitivity, "No known allergies" must be written or signed for (depending chart being used) on the prescription to indicate that the question has been asked. If the allergy status is unconfirmed, this must be similarly recorded. In this case medication may be administered until the end of the next weekday. The prescriber must confirm the allergy status (e.g. by telephoning the patient's GP) and update the information on the prescription before further doses can be administered.

Any health care professional may update the allergy record on the prescription and administration chart or MAR chart if new information becomes available or if an allergy develops during a patient's hospital stay. A full report must be made in the patient's notes, and for Community Health Service patients the patient's GP must also be informed.

Where there is no known allergy or sensitivity in the electronic SystmOne notes the allergies section will be blank.

2.4 Clinical Checking of Prescriptions

All prescriptions from the acute services will receive a clinical check from a registered pharmacist before being dispensed (where the dispensing takes place in Pharmacy). This involves ensuring the prescription is evidence-based, appropriate, safe, accurate and clearly written. This activity may be undertaken in the clinical area or in the dispensary. Once satisfied that the prescription can be dispensed, the pharmacist will sign their initials and date in the designated space on the prescription where available or an electronic record made for ICE discharge prescriptions.

Pharmacists are also allocated to visit inpatient areas to perform medicine reconciliation and clinical checking of available prescriptions, including stock items which do not require dispensing. In addition to inserting their initials and date for each individual drug prescription, the pharmacist will initial under the date on the regular prescription section of the inpatient drug prescription and administration record each day they review that record.

Pharmacists visit the wards between Monday and Friday at a frequency determined by a risk assessment for each ward undertaken by the Clinical Pharmacy Services Manager and Pharmacy Healthcare Governance Manager.

Pharmacists should access patient held records (e.g. anticoagulant booklet, lithium booklet, insulin passport) when available to confirm current dose and formulation.

2.5 Medicine Formulary

The Medicine Formulary for acute services is available on the Trust Intranet. http://www.sheffieldteachinghospitalsformulary.nhs.uk/. Community Health Services should adhere to the Sheffield Formulary which is available on Sheffield Clinical Commissioning Group's (CCG) intranet http://nww.sheffield.nhs.uk/formulary/

Information regarding formulary issues is available from the Pharmacoeconomic Pharmacist (ext. 69505), Medicines Information (ext. 14371 [NGH] or 12346 [RHH]) or the appropriate clinical pharmacist.

All medicine prescribing should be in line with the appropriate medicine formulary

The Formulary should be used in conjunction with individual clinical directorate guidelines and formularies where appropriate

Medicines in the formulary are classified according to the system used in the BNF and the generic name used wherever possible.

Certain drugs that should be prescribed by brand name on MHRA recommendation (e.g. oral tacrolimus) are also listed by generic name.

If a patient is admitted on a non-formulary medicine and their own supply is either unsuitable or insufficient, a non-formulary medicine may be ordered as a 'one-off'. The relevant documentation must be completed if applicable (i.e. at RHH and NGH sites) and approved before Pharmacy can order the medicine.

The Trust has an approved Substitution Policy for some categories of medicines for use within acute services. If medicines have been substituted during admission, the prescriber should document the substitution on the discharge note (TTO).

For inpatients, new "one-off" supplies may be required in certain circumstances on request of a consultant. The relevant documentation must be completed and approved before Pharmacy can order the medicine.

Consultants may apply for new medicines to be stocked by STHFT pharmacies and added to the Trust Formulary. The relevant application form is available on the Trust's Intranet http://STHFTweb/pharmacy_pub/MMTC.htm or by request from Pharmacy.

The request will be considered at the next convenient meeting of the Medicines Management and Therapeutics Committee (MM & TC). The chairman will communicate the decision of the committee to the consultant.

Restrictions may be placed on who is authorised to prescribe a new medicine approved for use in the Trust, (e.g. consultant only).

If the application is successful, the medicine will be stocked by STHFT Pharmacy and available under the conditions applied by the Medicines Management and Therapeutics Committee.

Details of wound and dressing products routinely prescribable for acute patients are available in the Wound Management pages on the Trust's Intranet. Wound management products approved for use in Community Health Services are available in the Sheffield Formulary Wound Management Products section http://nww.sheffield.nhs.uk/formulary/

Details of palliative care medicines routinely prescribable within the Trust are available in the Sheffield Palliative Care Formulary.

Details of medicines regularly prescribed to neonates within the Trust are available in the STHFT Neonatal Pharmacopoeia and in the BNF for Children.

Information on medicines used for children are available from the BNF for Children.

Continued prescriptions of regular medications after discharge or following a hospital consultation are usually the responsibility of the GP. There are exceptions to this for example when medication is a 'Hospital-only' item or where treatment requires special monitoring.

Prescribers should be aware of the Sheffield Traffic Light System drug list. An updated version of this list can be obtained from http://www.sheffield.nhs.uk/professionals/trafficlightdruglist.php. There are four categories of drug listed

BLACK	Medicines which should not be initiated in Sheffield unless exceptional circumstances apply to the patient concerned and an Individual Funding Request (IFR) has been agreed by Sheffield Clinical Commissioning Group (CCG). The medicine should not be withdrawn from patients already established on treatment but other treatment options should be considered at routine review.
RED	Prescribing and ongoing supply is NORMALLY undertaken by a consultant or physician within a secondary care service.
AMBER	Medicine that should NORMALLY be initiated by a specialist, but for which GPs may agree to continue ongoing prescribing. The specialist should provide the GP with necessary information and support, in order for treatment to be managed safely in primary care. Shared care protocols or treatment guidelines may be available. (A copy of the relevant shared care agreement should be forwarded to the GP when such an arrangement is proposed for an individual patient).
GREEN	Specified medicine that GPs should take full responsibility for initiating and ongoing prescribing.

2.5.1 British National Formulary (BNF) and BNF for Children (BNFC)

British National Formulary (BNF)

BNFs purchased by the National Institute for Health and Clinical Excellence (NICE) are NHS property and must not be re-sold or misused in anyway. Any such misuse may result in disciplinary action. For further information see: http://www.library.nhs.uk/nlhdocs/guidance_for_nhs_organisations_ordering_bnfs.pdf

The BNF is published every 6 months (nominally March and September) and a specific allocation of 'free' BNFs (purchased centrally by NICE) is delivered to the Medicines Information (MI) centres in Pharmacy at NGH and RHH. These are distributed as soon as possible (after appropriate identification and important information are added) to specific areas and persons at those two sites according to updated lists held by Medicines Information. *(Note that Weston Park Hospital, Jessop Wing, Charles Clifford Dental Hospital, non-medical prescribers and the Medical School have their own allocations and methods of delivery).* In Community Services, the BNFs are distributed to independent non-medical prescribers.

Various methods of distribution are used and old copies are requested to be returned or are collected by Pharmacy staff. Staff are also asked to return to Pharmacy any stray old copies that appear later, preferably directly replacing them with a current BNF, (if appropriate and one is available). If a request is made by a member of staff for a personal copy, they may be directed to the online version http://bnf.org/bnf/ and/or will be given the most recent old copy available with a prominent sticker on the front cover: **This is an old copy of the BNF. For home/personal use only. Not to be used in clinical areas/ situations.**

BNF for children (BNFC)

The BNFC is published annually in July and the same distribution and retrieval methods are applied as with the adult BNF. However, after wide consultation across the Trust and lengthy discussions at the Medicine Safety Committee, the distribution of the BNFC is restricted to those areas where the benefits of having a BNFC available for the small numbers of children treated is considered to outweigh the risk of the wrong BNF being referred to when treating adults.

2.6 Prescribing Guidelines

The approved STHFT Prescription Writing Standards should be followed at all times.

Prescribing should be within the appropriate product licence/marketing authorisation of the medicine. Where this is not the case, prescribing should be in accordance with evidence based practice or expert opinion. The Trust Unlicensed Medicine Policy must be followed for unlicensed medicines or indications.

All medicinal products must be prescribed on the correct approved documents. Within the acute services bespoke STHFT prescription stationery is used. Within community services FP10 prescription forms are used.

All prescriptions must be clearly written, legible and unambiguous. They should be written in indelible black ink (to facilitate any photocopying and scanning) using approved drug names. Prescriptions can be computer generated but the prescriber's signature must be handwritten.

All prescriptions, which involve calculations, should be self-checked by the prescriber and independently checked by a second practitioner if considered necessary by the prescriber.

Particular care should be taken when prescribing medicines which require loading doses and subsequent maintenance doses to ensure that the appropriate dose is correctly calculated and prescribed (e.g. warfarin, amiodarone, digoxin, phenytoin (NPSA/2010/RRR018). See STH Policy for Medicines Requiring Loading Doses for further information.

Prescribers should access patient held records (e.g. anticoagulant booklet, lithium booklet, insulin passport) when available to confirm current dose and formulation.

The Trust has an approved list of critical medicines which must be administered at the prescribed times to avoid serious harm or death (NPSA/2010/RRR09). The list is not exhaustive as other medicines may be critical in specific circumstances. It is the prescriber's responsibility to make this clear on the prescription, to ensure that the nurse/midwife is aware of the prescription and any newly prescribed critical medicines and to ensure all critical medicines are prescribed in full on the drug prescription and administration record. The list does not include medicines administered in emergency situations or in theatre.

All allergies or sensitivities should be recorded as in section 2.3.

Consideration should be given to the patient's cultural and religious beliefs when selecting the most appropriate medicine.

All treatment and care should take into account patients' needs and preferences and patients should have the opportunity to make informed decisions about their care and treatment, in partnership with their health care professionals. Good communication between health care professionals and patients is essential. It should be supported by evidence-based written information tailored to each patient's needs.

Health care professionals should adapt their consultation style to the needs of individual patients so that all patients have the opportunity to be involved in decisions about their medicines at the level they wish.

Establish the most effective way of communicating with each patient and, if necessary, consider ways of making information accessible and understandable (for example, using pictures, symbols, large print, different languages, an interpreter or a patient advocate).

Offer all patients the opportunity to be involved in making decisions about prescribed medicines. Establish what level of involvement in decision-making the patient would like.

For more information see NICE clinical guideline 76 Medicines adherence
http://publications.nice.org.uk/medicines-adherence-cg76

Interactions with other medication or food should be considered before a prescription is written. See Interactions with Fruit Juices for further information on medicines and interactions with certain fruit juices.

Pharmacists, nurses or other health care professionals who wish to query or comment on a patient's prescription should speak to the prescriber directly. For instances where the query relates to a potentially serious error or risk, the health care professional must make a signed and dated entry of the conversation with the prescriber in the patient's notes or where unavailable on the prescription document. Pharmacists have the right to refuse to dispense a medicine, and nurses the right to refuse to administer a medicine, if they consider the prescription to pose a significant clinical risk to the patient.

To identify non-medical prescribers, **nmp** must be written after the signature on all prescriptions issued within the hospitals. For non-medical prescribers prescribing in Community Health Services the correctly annotated FP10 prescription must be used (refer to section 2.7.6).

Approved Name of Medicine

Approved Recommended International Non-Proprietary Names (rINN) must be used except for adrenaline and noradrenaline. Certain medicines must be prescribed by brand name where a change of brand name can cause clinical problems (see section 2.7.10).

Chemical symbols or abbreviations are not acceptable. (e.g. write FERROUS SULPHATE not $FeSO_4$ and ISOSORBIDE MONONITRATE not ISMN)

Strength/Dose of Medicine

Always specify the strength of medication.

e.g. Hydrocortisone Cream 1%
Timolol Eye Drops 0.5%
Senna Tablets 7.5mg
Amoxicillin Syrup 250mg/5ml

Formulation

Always specify the formulation

e.g. tablets/capsules
suppositories
cream/ointment

Approved abbreviations include:-

EC	enteric coated
MR	modified release
SR	sustained release
G	drops
Occ	eye ointment

Dose and Dosage Units

A specific dose must be prescribed for regular medicines, however it is acceptable to prescribe a dose range for 'when required' medicines (e.g. paracetamol 500mg – 1g).

Dosage units must be written in full (i.e. Units, micrograms). The only approved abbreviations are: -

mg	for milligrams
ml (or mL)	for millilitre.
g	for gram

Decimal points must not be used unless absolutely necessary.
e.g. 3mg not 3.0mg

If decimal points are required, a zero should be written in front of the point.
e.g. 0.5ml not .5ml

Quantities less than 1g should be written in milligrams.
e.g. 500mg not 0.5g

Quantities less than 1mg should be written in micrograms.
e.g. 100micrograms not 0.1mg

Quantities less than 1 microgram should be written in nanograms.
e.g. 250nanograms not 0.25micrograms

The dose units should be written immediately after the dose with no gap between (e.g. 20mg not 20 mg). This applies to all prescriptions whether written by hand or generated electronically and to dosage instructions in the patient record or written correspondence.

Avoid the use of i or ii (or the dotted TT system) for quantities and prescribe in numbers (e.g. 1 or 2). Any inappropriately written prescriptions should be reconciled and correctly endorsed by the pharmacist.

The fingertip unit describes a practical way in which to measure and apply the cream/ointment prescribed. One unit is equivalent to the amount of cream/ointment squeezed from the tip of the index finger down to the first joint of the PATIENT'S finger. The dose of cream/ointment in a fingertip unit varies with age. Accurate dosing is particularly important for topical steroids. (See section 3.13.1)

Route

Consideration should always be given to the route of administration (e.g. oral instead of IV).

Prescribing route options (e.g. IM/IV) must be avoided where the dose by each route is different due to pharmacokinetics. Multiple routes may be prescribed where the dose is equivalent, and is recommended for paracetamol to avoid duplicate dosing.

If the route of administration changes (e.g. IV to oral), cancel the original prescription and rewrite it ensuring any differences in dose/frequency are clear and correct.

The only approved abbreviations for the route of administration are:-

IV	for intravenous
IM	for intramuscular
SC	for subcutaneous
PV	vaginal
NEB	nebulised
INHAL	inhalation
PO or O	oral

All other routes must be written in full.

e.g. rectal
topical

INTRATHECAL and EPIDURAL routes must always be written in full.

An indication of where the treatment is to be used may be necessary especially for topical medicines (e.g. dry patches on legs).

Ensure additional guidance is provided for the administration of topical preparations (e.g. areas of the body for topicals, thickness of application for topical steroids).

Frequency

Approved abbreviations for frequency of administration are: -

OM	each morning
ON	each night
BD	twice a day
TDS	three times a day
QDS	four times a day
PRN	when required

A 24-hour clock should be used for the time

For 'as required' prescriptions, the frequency should be stated in hours (e.g. 4 to 6 hourly) together with a maximum dose for a 24 hour period. This does not apply to 'as required' opiates for inpatients providing the patient is appropriately monitored.

For 'once only' medicines, the date and time for administration must be stated.

'Once weekly' MUST be written in full and NOT abbreviated. OW is not acceptable. The day of the week the dose is to be taken must be specified.

Duration

The duration of courses of treatment (e.g. antibiotics) should always be considered and a stop or review date specified on the prescription if known (see the Trust Antibiotic Review Policy). Short courses of antibiotics for inpatients should be prescribed in the dedicated antibiotic section of the prescription and administration chart.

Quantity

For FP10 prescriptions the quantity to supply must be stated. When using a FP10(MDA) [blue] a maximum of 14 days supply of any schedule 2 CD, buprenorphine or diazepam can be prescribed.

Altering and Cancelling Prescriptions

When prescriptions are altered or cancelled, the prescription should be rewritten and a record of the reasons for stopping, altering the dose or starting a medicine should be documented in the patient's notes.

Where the patient carries a record relating to a particular medicine (e.g. anticoagulant booklet, lithium booklet) the prescriber will also update the patient held record.

If an insulin prescription is changed, the prescriber is responsible for updating the NPSA insulin passport, or if a manufacturer's passport is used, ensuring it is discarded and a new manufacturer's passport issued if a new insulin is prescribed (NPSA/2011/PSA003).

On the STHFT inpatient prescription and administration chart, the prescription must be rewritten in full when there is any alteration (i.e. dose, frequency, strength, form, route or times of administration). The original prescription must be clearly cancelled, signed and dated.

To cancel an inpatient prescription, the prescriber should draw diagonal lines through the prescription and administration recording panels, and sign and date the deletion. Correction fluid must NEVER be used.

The pre-printed inpatient prescription for dalteparin for venous thromboembolism (VTE) prophylaxis on the standard prescription and administration chart must be completed or cancelled depending on the result of the risk assessment. It must NOT be left blank. If anti-embolism stockings are required, they should be prescribed and recorded in the regular prescription section of the drug prescription and administration chart.

Routinely, inpatient prescription and administration charts should only be re-written and signed by a medical practitioner. Non-medical prescribers should not sign and therefore take responsibility for another practitioner's therapeutic decisions.

When the inpatient prescription and administration chart is full, each side of the chart must be crossed through by the prescriber with a single diagonal line and signed and dated. The prescriber must enter the current medication onto the new prescription and administration chart in a timely manner to decrease the risk of dose omission or medication error. The original start date (or OA) must be used not the date when the card is rewritten. All patient details as listed in 2.7.1 below must be transcribed onto the new administration chart. The old prescription and administration chart must be retained in the patient's notes.

If a prescriber alters or stops an item for a patient whose medication is being administered using a MAR chart, the item should be crossed off the MAR chart by a health care practitioner, signed and dated.

When instalment FP10(MDA) prescriptions are altered or stopped after the start of the instalment prescription, the prescriber will contact the relevant community pharmacy by telephone and then send a new prescription by post. These changes will be recorded in the patient's notes.

2.6.1 Special Prescribing Requirements

Injectable Medicines

Medicines should be given by injection only when practicality and appropriateness of other routes of administration have been excluded. The use of this route should be regularly reviewed in favour of switching to oral administration as soon as clinically appropriate.

Where relevant, all prescriptions for injectable medicines via any route must specify the following:

- name and volume of diluent and/or infusion fluid;
- concentration or total quantity of medicine in the infusion container or syringe;
- rate of administration;
- duration;
- rate control pump or device to be used; and
- date on which the treatment should be reviewed.

For intravenous patient controlled analgesia (IVPCA) the current chart has one prescription section pre-printed for morphine sulphate 1mg/ml. If an alternative is requested by an anaesthetist or member of the Acute Pain Team, the appropriate sticker should be selected and placed over the morphine sulphate prescription details section. If a further prescription change is required, a NEW IVPCA chart MUST be obtained.

Controlled Drugs

Recent doses of opioids taken by a patient must be confirmed before further doses of opioids are prescribed, dispensed or administered (except in acute emergencies).

Any increases in opioid doses must be appropriate and safe for the patient.

Practitioners involved in the prescribing, dispensing and administration of opioids must be familiar with the usual starting dose, frequency of administration, standard dosing increments, symptoms of overdose and common side effects (NPSA/2008/RRR005)

FP10 prescriptions, outpatient prescriptions and discharge notes for controlled drugs must comply with legislation: -

- Name and address of the patient (not an addressograph sticker)
- Name, strength and form of the preparation
- Dose
- Total quantity of the preparation or the number of dose units in both words and figures. (This should be limited to a supply of up to 30 days treatment)
- Date (prescriptions are valid for 28 days)
- Signature of prescriber
- The words “for dental treatment only” if issued by a dentist

e.g. Capsules MORPHINE S/R 30mg
30mg every twelve hours
Supply 28 (twenty-eight) capsules

NB The prescription can be computer generated only the signature needs to be in the prescriber’s handwriting.

Ophthalmic Prescriptions

On prescriptions for hospital patients the abbreviations G (for eye drops) and Occ (for eye ointment) may be used.

The eye(s) to be treated must be stated (i.e. RIGHT eye, LEFT eye, BOTH eyes).

The strength must be stated even where there is only one strength of preparation. This is not necessary for combination preparations where there is only one strength of combinations.

Clinical Trials

For all patients involved in a clinical trial, a sticker is placed inside the front cover of the patient’s hospital notes. The research alert page in the alert section of the notes will give 24 hour contact details for the principle investigator or designated individual at STHFT.

For inpatients on clinical trials, the prescription and administration chart is used for prescribing. A 'clinical trial' note must be made in the additional instructions box for any medication which is trial material.

Prescriptions specific to the trial are usually used for outpatient prescribing.

Cytotoxics

All oral anti-cancer medicines for the treatment of cancer must be initiated by a cancer specialist and in the context of a written protocol and treatment plan. Ongoing treatment may be prescribed by a non-specialist who should have similar access to protocols and plans.

F1 doctors must not prescribe, transcribe or initiate discharges for patients who are prescribed oral chemotherapy/cytotoxic agents regardless of the dose or indication.

Particular attention must be taken when prescribing once weekly methotrexate (now classified as a 'never event' as defined by the Department of Health). The frequency must be stated as 'once a week' and that day of the week must be specified. For inpatients, the administration boxes must be crossed out appropriately for non-medication days.

Consultants or associate specialists must countersign all Haematology prescriptions for chemotherapy.

An electronic prescribing system is used to prescribe chemotherapy at WPH and on P3.

A register is maintained of all prescribers permitted to prescribe intrathecal chemotherapy.

Antibiotics

First dose IV antibiotics and oral antibiotics for sepsis must be prescribed as STAT doses and this first dose crossed off the regular prescription.

Total Parenteral Nutrition (TPN)

At RHH (including adult patients on the Jessop Wing and CCU) and WPH, the Nutrition Team gives advice and prescribes TPN. Occasionally anaesthetists may initiate TPN with advice from the clinical pharmacist in the absence of the Nutrition Team.

The doctors on NICU at the Jessop Wing prescribe TPN with advice from the clinical pharmacist. Pharmacist independent prescribers may also prescribe TPN for neonates.

At NGH, pharmacist independent prescribers may prescribe TPN for non-critical patients. On Critical Care, anaesthetists may prescribe TPN with advice from the clinical pharmacist and dietitian.

Unlicensed Medicines

See section 2.8.

Low Molecular Weight Heparins (LMWH)

The patient's weight should be used as the basis for calculating the required treatment dose of low molecular weight heparin and renal function must be considered. A Dalteparin

Shared Care Form must be completed if the patient is discharged on LMWH, except surgical patients discharged on extended prophylaxis (NPSA/2010/RRR014).

For inpatients in acute services the STHFT dalteparin chart should be used for prescribing in venous thromboembolic disease.

Dietary Products

Within the hospitals dietary products are considered to be 'borderline substances' and are usually initiated on a supplementary prescription and administration chart (for enteral feeds) and on the prescription and administration chart (for supplements) by the dietitian.

Suitably qualified non-medical prescribers or medical practitioners may also prescribe dietary products.

Dietary products may interact with prescribed medicines.

Homely Remedies

Homely remedies are products that can be bought without a prescription to treat a minor ailment. They include licensed medicines available on the general sales list (GSL) and pharmacy only (P) listed medicines as well as herbs, spices and vitamin products available without prescription and used to treat a variety of ailments. The latter group are also called 'traditional' or 'herbal' remedies, and they may or may not have evidence-based medicinal properties.

All homely remedies to be taken by a patient during inpatient admission must be prescribed on the prescription and administration record.

Homely remedies in community services should be administered according to approved protocols.

Some traditional or herbal remedies (e.g. St John's Wort) are known to have significant interactions with a number of prescribed medicines. Therefore prescribers should contact Medicines Information (ext. 14371 [NGH} or 12346 [RHH]) for advice, which may include advising the patient not to take a remedy if it interacts with their current or planned treatment.

Advisory Committee on Borderline Substances (ACBS)

In certain conditions some foods and toilet preparations have characteristics of drugs and the Advisory Committee on Borderline Substances (ACBS) advises as to the circumstances in which such substances may be regarded as drugs and prescribed on NHS FP10 prescription. Prescriptions should be endorsed "ACBS". The current list can be found in the BNF.

Drugs, Medicines and Other Substances that may be Ordered only in Certain Circumstances

Drugs listed in Schedule 11 to the National Health Service (General Medical Services) Regulations 1992 may only be prescribed on FP10 prescriptions in certain circumstances under NHS Pharmaceutical Services and Local Pharmaceutical Services. The prescription must be endorsed "SLS". The list and circumstances for prescribing are listed within part XVIIIB of the Drug Tariff.

Renal Medicines

An electronic prescribing system is used at NGH for the majority of renal prescriptions.

Palliative Care

Patients following the End of Life Care Pathways (EOLCP) both within STHFT and in the community require multidisciplinary team assessments regularly (including medicines) as circumstances can change rapidly during the last hours or days of life. A community prescription ('pink card') should be completed for pre-emptive medicines which may be required at this time. For further information, contact palliative care staff.

Nuclear Medicine

Nuclear Medicine staff administer non-radioactive pharmaceuticals to patients as part of the procedure, according to protocols approved by the Administration of Radioactive Substances Advisory Committee. It is the responsibility of the referrer to only refer patients where they know it is safe to administer these medicines.

2.7 Prescription Documents

All new prescription documents will comply with the guidelines for patient records.

All new Trust wide prescription documents will be approved by the New Documents Sub Group and MM&TC, and ratified by the Clinical Management Board with the exception of FP10 prescriptions.

All new prescription documents will carry a unique serial number and be issued by Pharmacy as controlled stationery.

Controlled stationery must never be left unattended (e.g. during outpatient clinics).

The following guidance relates to all prescription and administration charts and all supplementary prescription charts.

2.7.1 Inpatient Prescription Charts

The Trust wide standard 14-day prescription and administration record should be used for most inpatients in the majority of clinical areas.

The prescription and administration record includes sections to document: -

- Patient details
- Allergies and adverse drug reactions (ADRs)
- Once only medicines
- Regular medication (including short courses of antibiotics, oxygen & dalteparin)
- Anti-embolism stockings (assessment, measurement and application)
- Variable doses
- As required doses

- Doses administered without prescription (e.g. PGDs, verbal orders)
- Omitted or delayed doses
- Infusion Therapy

Neonatology use an approved bespoke inpatient chart, which includes modifications to cater for the specific needs of this patient group. Long stay and day case charts are also available for use in relevant clinical areas.

Critical use an electronic prescribing system (MetaOrders®).

All inpatient prescription and administration charts must only be used for registered inpatients of STHFT NHS Foundation Trust.

All inpatient prescription and administration charts provide a permanent record of the patient's medication and are a working document during the inpatient stay. They must be filed in the patient's notes after discharge and when a new chart is started. Patient confidentiality must be maintained at all times when using any inpatient prescription and administration chart.

All inpatient prescription and administration charts should display the following:

Patient's name
Gender
Date of birth
Ward
Hospital number
Responsible consultant

An addressograph label may be affixed to the chart to provide these details, but the patient's address should be obliterated.

The patient's weight (in kilograms) should be recorded on the inpatient prescription and administration record where a prescribed dose is determined by weight or surface area, for anaesthetic agents, and for patients under the age of 18 years. It should be indicated whether the weight is an actual or estimated weight.

Allergies, sensitivities and adverse drug reactions must be recorded on the chart as in section 2.3.

The height, surface area, pregnancy and breast feeding boxes should be completed where appropriate.

The self-administration boxes should be completed according to the STHFT Self-Administration Policy if appropriate.

The next consecutive box should always be used to prescribe the next medicine to reduce the risk of omission errors and fraudulent additions to prescriptions.

For prescriptions initiated prior to admission, the letters 'OA' should be inserted. For all medicines initiated during the hospital stay, the start date should be recorded. When the chart is rewritten, the original date (or OA) must be inserted not the date when the chart is rewritten.

The 'additional instructions' section may be used by either the prescriber or pharmacy staff to provide guidance for administration or monitoring.

If a patient is prescribed more medication than will fit onto one prescription and administration chart, circle the number of charts in use on the front of the chart. Care must be taken to avoid duplication of medication.

Supplementary charts (e.g. anticoagulant chart, parenteral nutrition chart etc) should be affixed to the central tab in the inpatient prescription chart, or cross-referenced by writing the name of the medicine in a regular prescription box, and 'refer to supplementary chart' written across the administration record panel.

During the patient's admission, all current inpatient prescription charts should be available, wherever possible, for review when the doctor sees the patient.

If a chart is missing, a thorough search has failed to locate it and a dose of medication is required, a new chart should be written with 'copy' and the date added to the front. If the original is subsequently located, the copy must be checked against the original to ensure all doses were written and given correctly. Any discrepancies must be dealt with as medication errors. The copy chart must then be cancelled and dated and retained in the patient's notes.

A note must be made on the original chart of the existence of a copy chart and the dates applicable.

A new prescription and administration chart must not be started if the original is not immediately available (e.g. in Pharmacy).

2.7.2 Supplementary Medicine Prescription Charts

Certain medicines should be prescribed on supplementary drug charts rather than on the main prescription and administration chart. These charts usually give additional information about the medicine being administered.

Cross-reference must be made on the main prescription and administration chart to any supplementary charts. The name of the medicine should be written in a regular prescription box, and 'refer to additional chart' written across the administration record panel. Dose frequencies and giving times must NEVER be written on the main prescribing chart

Supplementary prescription and administration charts must be rewritten if an alteration is required and cancelled in the same way as the main prescription and administration chart.

Examples of supplementary drug charts include: -

Heparin
Warfarin
TPN
Cytotoxics
Insulin
Dalteparin
Enteral feeding and supplements

2.7.3 Discharge Summary Document (TTO)

Discharge summary documents must be completed for all inpatients on leaving hospital (regardless of destination and includes transfers to intermediate care beds and other hospitals outside the Trust) and day case patients. A separate 'Temporary Leave Prescription' is currently under development and should be used when available to obtain medication supplies for patients leaving the hospital but not being discharged, on weekend leave for example. In the meantime a discharge summary document should be used in these circumstances with a clear instruction that the prescription is for temporary leave.

The discharge summary should be completed electronically using the ICE discharge module where available. Otherwise the appropriate self-copied multiple paper form, should be completed in black ink on a hard surface to ensure all details are recorded on every page.

Where the paper forms are used, an addressograph label may be used but must be affixed to each copy. Addressograph labels must not be used for controlled drugs prescriptions.

For inpatient stays of longer than 48 hours, all medicines to be taken after discharge must be documented.

The prescriber may indicate 'no changes to regular medicines' on the discharge prescription if the patient is being discharged from hospital within 48 hours of admission. If new medicines are added and the prescriber chooses not to list all the medication, the pharmacist will be unable to check for interactions with existing medicines, therefore under these circumstances **the prescriber retains FULL clinical responsibility for any new medicines that they prescribe.**

A **minimum** of 14 days supply of long-term medication is given to patients at discharge. Patients will frequently receive more than 14 days supply as a result of original pack dispensing and dispensing for discharge schemes.

Schedule 2 controlled drugs should not routinely be written for registered substance misusers. If they are required, only enough medication for one day should be prescribed. In extreme circumstances it may be necessary to prescribe up to three days supply (e.g. to cover bank holidays). Discharge arrangements must be communicated to the patient's usual prescriber and supplying pharmacist. Further information about substance misuse in pregnant patients will be available on the Trust Intranet later in the year.

Any changes in medication since admission must be documented, including the indication for any new medicines.

For medicines intended for long-term use, the prescriber must ensure that the column headed 'continue' is ticked. For short courses of medicine the number of treatment days remaining must be stated in the column headed 'course'.

Any allergies and sensitivities must be documented.

The prescriber must indicate for each medicine whether the treatment is to continue, and if not specify a course length in days.

Prescribers must ensure discharge medication is prescribed in time to ensure minimal delays to patients on discharge. Ideally this should be 24 hours prior to discharge.

Prescribers must ensure every side of the prescription and administration chart is checked when writing a discharge summary. The discharge summary should not be placed over any page of the prescription and administration chart whilst it is being written to avoid omissions.

Except for clinical areas operating the Trust approved Dispensing of pre-labelled patient packs from clinical areas policy, all discharge summaries including out of hours must receive a clinical check from a pharmacist before medicines are given to the patient. Every side of the prescription and administration chart must be checked against the discharge summary when the clinical check is performed.

Prescribers must complete a Dalteparin Shared Care Form for any patient discharged on a treatment dose of low molecular weight heparin.

Prescribers must complete an appropriate referral for any patient discharged on warfarin: Form A (referral to STHFT) or Form B (referral to Primary Care).

2.7.4 Outpatient prescriptions

The Trust wide standard outpatient prescription should be used for most outpatients in the majority of clinical areas.

Bespoke outpatient prescriptions (e.g. Ophthalmology, GUM) must be approved (see section 2.7)

All outpatient prescriptions must only be used for registered outpatients of STHFT.

The self-copied multiple form should be completed in black ink on a hard surface to ensure all details are recorded on every page.

White top-copied prescriptions are used for dispensing at a STHFT Dispensary. Blue top-copied prescriptions are for presenting at Boots Pharmacy within the Royal Hallamshire Hospital.

An addressograph label may be used but must be affixed to each copy. Addressograph labels must not be used for controlled drugs prescriptions.

Any changes in medication, monitoring or follow-up arrangements should be documented on the GP copy (second sheet).

Any allergies and sensitivities must be documented.

The patient's weight (in kilograms) should be recorded for patients under the age of 18 years or where a prescribed dose is determined by weight or surface area.

The prescriber must indicate for each medicine whether the treatment is to continue, and if not specify a course length in days.

The quantity supplied depends on the clinic/department that the patient has attended but is a minimum of 14 days supply for on-going treatment.

Wherever possible and clinically appropriate, original packs will be dispensed. These are generally a month's supply.

Antibiotic therapy is for a prescribed course.

If a patient needs instructions for variable dose medication but a supply is not required, the prescriber should issue written instructions to the patient on an STHFT headed document and there must be a copy for the notes, the patient and their general practitioner (GP). Suitable documents include an outpatient prescription (annotated with 'not for supply'), or a variable dose chart where they are available. Suitable electronic instructions may also be used with a printed copy for the patient. If it is not essential for the patient to have the information immediately, a letter could be written to the GP with a copy for the notes and one for the patient.

Many prescriptions for outpatients are now supplied in Primary Care following a treatment recommendation to the GP and not supplied on a hospital outpatient prescription,

The hospital doctor and the GP share the care of a patient attending the outpatient department. The hospital doctor who recommends a change in treatment is responsible for initiating a supply or for ensuring a prompt and appropriate communication is sent to the GP giving recommendations (See section 2.5 – The Sheffield Traffic Light System).

Prescribers in outpatients should issue the initial prescription in the following cases:-

- to meet the immediate needs for the medical condition for which the patient has been referred
- other clinically urgent needs identified during the consultation
- hospital only drugs or those covered by the Traffic Light List – see section 2.5 ("red" and "amber" drugs where shared care is not agreed)

The bottom yellow copy should be retained by the clinic and filed in the patient record. The two white copies should be sent to an STHFT Pharmacy with the patient. After dispensing the prescription, the GP copy (second sheet) will be returned to the patient. For prescriptions to be dispensed at the Boots Pharmacy within RHH, the blue top copy and second white copy should be sent with the patient and after dispensing, the white GP copy will be returned to the patient.

The clinic may take responsibility for forwarding the GP copy, but the prescriber is responsible for making amendments to that copy if Pharmacy is required to change or clarify any item.

2.7.5 FP10HNC

FP10NC prescriptions may be used occasionally for some clinics where it is not possible to use Trust outpatient prescriptions.

Examples include late clinics and out-reach clinics.

Monitoring of the use of these prescriptions occurs by Pharmacy to prevent misuse.

The decision to adopt FP10HNC resides with the Pharmacy Operations Manager.

2.7.6 FP10

FP10 prescription forms are controlled stationery used by Community Health Services. They are dispensed by community pharmacies and on some occasions by STHFT Pharmacy if agreed by the appropriate manager.

FP10 prescription forms for non-medical prescribers are ordered via local procedures (see STHFT Non-Medical Prescribing Policy). Community prescribing clinics (e.g. PCAS/GP Collaborative/Dental) should order prescriptions from South Yorkshire Primary Care Agency (01302 566620).

Prescription forms are personalised with the prescribers' details and are supplied in pads of 100 forms, serially numbered and produced on specially printed, anti-fraud paper.

It is the prescriber's responsibility to ensure that they are prescribing on the correct prescription pad (see table below) and that the correct practice cost code is completed for the individual patient.

Type of FP10	Prescriber	Additional requirements
Standard FP10 (green)	Doctors	None
	Non-medical prescribers	Using the practice computer system, provided this is set up to annotate the required prescriber details.
FP10D (yellow)	Dentists	Prescriptions limited to the Dental Practitioners Formulary.
FP10P (lilac)	Non-medical prescribers	Annotated "Nurse Independent / Supplementary Prescriber" or "Pharmacist Independent / Supplementary Prescriber".
	Community practitioner nurse prescribers	Prescriptions limited to the Nurse Prescribers' Formulary. Annotated "Community Practitioner Nurse Prescriber".
FP10(MDA) (blue)	Doctors	Instalment prescriptions for the treatment of drug addiction only. Maximum of 14 days supply of any schedule 2 CD, buprenorphine or diazepam.
	Non-medical prescribers	Using the practice computer system, provided this is set up to annotate the required prescriber details.

Non-medical prescribers must ensure that the patient's registered GP has been informed of prescriptions written for the patient; unless the patient does not consent to this information being shared. This can be done by recoding in the shared electronic notes, faxing or phoning the GP practice.

For repeat dispensing see Sheffield CCG's Medicines Code
http://nww.sheffield.nhs.uk/medsmanagement/policies.php

See http://www.gmc-uk.org/guidance/ethical_guidance/14316.asp for information on self and family prescribing

2.7.7 Private Prescriptions

Private prescriptions for registered patients are occasionally issued which can be dispensed within STHFT Pharmacy departments or by a community pharmacist.

They are written on headed notepaper.

Private prescriptions for controlled drugs must be written on special private prescription forms (FP10PCD) issued by the South Yorkshire & Bassetlaw Local Area Team (LAT) NHS England if they are to be dispensed by a community pharmacist and not written on headed paper. New prescribers within STHFT requiring FP10PCD forms must have the request authorised by the Accountable Officer before requesting their prescriptions from the Accountable Officer of the South Yorkshire & Bassetlaw LAT. Private prescriptions for CDs to be dispensed within STHFT may still be written on headed paper.

A separate charging system is in place for these prescriptions.

2.7.8 Blood Prescription and Observation Chart

For inpatients in acute services the specific prescription chart should be used for the prescription and administration of transfusion products obtained from Blood Bank. This should be attached to, or cross referenced on, the standard drug kardex. Associated prescriptions must be prescribed in the 'once only' section.

2.7.9 Verbal Prescriptions

The use of remotely-communicated verbal orders for administration of medication is not good practice as defined by NMC Medicines Management Standards and is not supported by the Trust.

Where electronic prescribing is available, it should always be possible to initiate or change a prescription remotely if the prescriber is not present at the location where the medicine is to be administered.

In clinical areas without electronic prescribing, if the medication required is not covered by another satisfactory legal framework (e.g. Patient Group Direction, Midwives Exemptions, Occupational Health Scheme), then a registered prescriber must provide a written prescription before any medication is administered.

Exceptions:

- Verbal orders may only be given by a prescriber to a nurse adjacent to him/her when a procedure is being carried out on a patient in the same room and the procedure cannot be interrupted to write a prescription. The dose must be recorded in the 'doses administered without prescription' section of the prescription and administration chart and 'verbal order' written with it. The request must be read back to the prescriber to confirm the requirement. Administration should be in line with section 3. The chart must be signed by the prescriber in the authorisation column when the procedure has been completed.

- Medicines legislation permits the administration of selected parenteral medicines without a prescription for the purpose of saving life in an emergency. It remains a

requirement to record what was given after the emergency situation has been controlled (refer to section 3.1.2 for details of the limited medication involved).

- Community services only: any new medicines must be prescribed before administration, as routinely occurs in the inpatient setting. A framework for dose adjustments to existing prescriptions currently exists in community services, pending implementation of an IT-based solution.

2.7.10 'Branded' Medicine Prescribing

Medicines should be prescribed generically whenever possible.

In certain circumstances, where bioavailability may be a problem, and it is important that the patient receives the same preparation (e.g. lithium, Qvar®), the brand name should be used on the prescription and administration chart or prescription.

Oral sustained release opioids are a particular source of error. The brand name should be used on the prescription and administration chart or prescription to aid the dispensing and administration of the correct formulation. NB This does not apply to oxycodone which can be prescribed generically.

Generic immunosuppressants are now available for mycophenolate, tacrolimus and ciclosporin. Prescribers happy with the generic formulation should prescribe mycophenolate (Teva®), tacrolimus (Sandoz®) or ciclosporin (Deximune®). Branded preparations should be prescribed by brand e.g. Neoral®, Cellcept®, Prograf® etc. All prescriptions dispensed by STHFT Pharmacy where a preference is not stated will be queried with the prescriber.

2.7.11 Prescribing for the Visually Impaired

For patients in acute services prescribers may request large print labels for patients with low vision. This must be made clear on the prescription (see example)

Patient information leaflets (PILs) can be obtained for many medicines in large print from xpil.medicines.org.uk

Some information leaflets are available in large print Braille or on audio CD from RNIB Information line (0800 1985000)

2.8 Unlicensed Medicines

See the current STHFT Unlicensed and Off-Licence Medicines Policy for further information. The Trust Policy applies equally to both NHS patients and private patients receiving treatment from STHFT premises.

Where a licensed medicine is available, it is STHFT Foundation Trust policy to use it in preference to any unlicensed alternative. Unlicensed medicines will only be used when no suitable form of licensed medicinal product is available. This is in the interest of public health.

The Medicines Management and Therapeutic Committee (MM&TC) is responsible for the management and control of unlicensed and off-licence medicines within the Trust. This role is delegated to the Medicines Safety Committee (MSC). The final arbiter is the chair of the MSC on behalf of the Medical Director.

The requirements for authorisation do not apply to medicines prescribed according to the guidance in the following approved Trust documents: -

- Sheffield Palliative Care Formulary
- North Trent Neonatal Network Formulary
- Unlicensed Nuclear Medicines used in Nuclear Medicine at STHFT
- BNF for Children
- Anticancer Drug Therapy Handbook
- British Association of Dermatology Preferred Unlicensed Dermatological Preparations (Specials) 2014

The requirements for authorisation do not apply to licensed medicines prescribed for off-licence applications (e.g. dose, route, rate) for the treatment of adult critically ill patients under the conditions described in the policy.

The requirements for authorisation do not apply to indications for the use of intravenous immunoglobulins approved by the Department of Health or by STHFT Immunoglobulin Assessment Panel.

An unlicensed product used as part of a nuclear medicine test must be authorised by the clinician/consultant holding a license from the Administration of Radioactive Substances Advisory Committee (ARSAC) for that test.

Unlicensed and off-licence medicines included in chapter 20 of the Formulary may be prescribed by all grades of registered doctor, dentist, registered nurse or pharmacist independent prescriber or registered supplementary prescriber in accordance a clinical management plan unless specified otherwise on the register.

The consultant is responsible for informing the patient about the unlicensed or off-licenced use of a medicine, and for ensuring patient consent has been obtained in line with STHFT Consent Policy before treatment commences.

All prescriptions for unlicensed medicines must receive a clinical check from a registered pharmacist.

Where it is intended that treatment will be continued after discharge, it is the responsibility of the consultant to ensure written agreement is secured with the patient's GP. The consultant must ensure that the GP is adequately informed about the medicine, how it is used and any associated risks. Provision must be made for acceptable monitoring arrangements and adequate consultant support in the event of problems arising. The GP is not obliged to prescribe in such circumstances.

2.9 Patient Group Directions (PGDs)

A PGD is a specific written instruction for the supply or administration of a named medicine in an identified clinical situation. It applies to groups of patients who may not be individually identified before presenting for treatment.

PGDs are dealt with in more detail in Section 3 of the Medicine Code.

2.10 Self-prescribing and Prescribing for Staff

The facility for medical staff to submit private prescriptions for dispensing via STHFT pharmacy has been withdrawn (letter Dr David Throssell 15/10/2013).

GMC guidance makes it clear the 'wherever possible you must avoid prescribing for yourself or anyone for whom you have a close personal relationship' [Good practice in prescribing and managing medicines and devices, February 2013]. The correct route therefore for doctors to obtain medication for themselves or their family is in the context of an appropriate consultation with a GP or other licensed prescriber.

2.11 Veterinary Prescriptions

STHFT dispensaries do not dispense veterinary prescriptions. Any patient, staff member or visitor presenting a veterinary prescription at any STHFT dispensary should be directed to a community pharmacy for the prescription to be dispensed.